ANNUAL REPORT 127

for the fiscal year
ending March 31, 1985

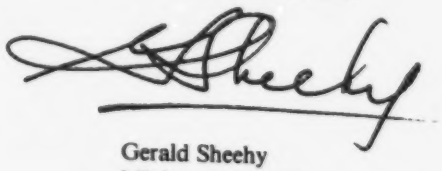
Nova Scotia Hospital

The Honourable Alan R. Abraham, C.D.
Lieutenant-Governor of Nova Scotia

To His Honour:

I have the honour respectfully to submit herewith the one hundred and twenty-seventh Annual Report of the Nova Scotia Hospital.

I have the honour to be
Your obedient servant,



Gerald Sheehy
Minister of Health

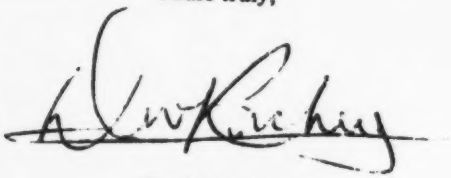
April, 1985

To The Honourable Gerald Sheehy
Minister of Health
Province of Nova Scotia

Sir:

I have the honour to transmit herewith the one hundred and twenty-seventh Annual Report of the Nova Scotia Hospital.

Yours truly,



David W. Richey
Chairman
Board of Management

Dartmouth
March 31, 1985

TABLE OF CONTENTS

	PAGE
Hospital Board and Staff Members	9
CHAIRMAN OF THE BOARD	13
Reports	13
EXECUTIVE DIRECTOR	22
Administration and General Services	24
Dietary Department	25
Motivational Therapy Department	28
Nursing Service	30
Nursing Education	33
Pastoral Care Department	34
Educational Services	35
Pharmacy Services	36
Psychology Department	38
Social Work Department	42
Staff Development Department	45
Volunteer Services Department	46
Auxiliary of the Nova Scotia Hospital	47
SELECTED STATISTICS	48
MEDICAL DIRECTOR	53
Community Services	56
Day Hospital	57
Children's Services	59
Adolescent Services	61
Psychogeriatric Services	64
Forensic Service	70
Adult General Services	73
Service for the Mentally Retarded	74
General Medicine Department	74

BOARD OF MANAGEMENT

Chairman	D. Richey
Vice-Chairman	G.D. Tanton
Members	D. Ardley
	J. Clarke
	M. Conrod (Mrs.)
	O. Henderson
	C.H. Kydd
	P. Murray (Mrs.)
	K. O'Hearn
	L. Peters
	D. West

ADMINISTRATIVE STAFF
NOVA SCOTIA HOSPITAL
(at March 31, 1985)

EXECUTIVE DIRECTOR	Mr. Frank Chalmers
MEDICAL DIRECTOR	Dr. Harry Poulos
Department of Psychiatry	
Chief of Service, Psychiatry — DeWolfe Bldg.	Dr. S. Akhtar
Chief of Service, Psychiatry — E.C. Purdy Bldg.	Dr. W. Wood
Director of Forensic Services	Dr. S. Akhtar
Director of Community Services	Dr. L. Buffett
Director of Adolescent Services	Dr. K. Ahmad
Director of Out-Patient Department	Dr. L. Holland
Director of Children's Services	Dr. I. DeCoutere
Director of Psychogeriatric Services	Dr. N. Allison
Senior Psychiatrist	Dr. J.V. O'Brien
Senior Psychiatrist	Dr. J. Curtis
Senior Psychiatrist	Dr. M. Singh
Senior Psychiatrist	Dr. D. Stacey
Senior Psychiatrist	Dr. M. Virey
Senior Psychiatrist	Dr. A. Hipwell
Staff Psychiatrist	Dr. E.P.B. Aquino
Staff Psychiatrist	Dr. A. Bhattacharyya
Staff Psychiatrist	Dr. M. Tomlinson
Staff Psychiatrist	Dr. S. Villacastin
Staff Psychiatrist	Dr. S. Yoon

Department of Medicine

Chief of Medicine	Dr. D. Weir
Staff Physician	Dr. S. Abraham
Staff Physician	Dr. L. Johnston
Staff Physician	Dr. P. Newman
Staff Physician	Dr. H. Ruparelia
Staff Physician	Dr. G. Worthylake

Heads of Departments and Sub-departments

Director of Nursing	Mrs. G. Webber
Assistant Director of Nursing	Mrs. A. McGuire
Assistant Director of Nursing	Mrs. V. Williams
Co-ordinator of Youth Services	Mr. A. James
Staffing Co-ordinator (Nursing)	Mr. L. Hardy
Director of Nursing Education	Mrs. T. Blaikie
Director of Staff Development	Mrs. J. Clancey
Director of Social Work	Mrs. W. Milne
Director of Psychological Services	Dr. P. Shackleton
Administrative Assistant	Mr. M. Townsend
Manager of Accounting	Mr. D. Woods
Maintenance Manager	Mr. D. MacIntyre
Director of Dietetics	Mrs. J. Jenkins
Director of Motivational Therapy	Mrs. M. Spindler
Supervisor of Volunteer Services	Ms. M.C. LeVatte
Chief Medical Records Librarian	Ms. D. Calder
Director of Central Laundry Services	Mr. C. Ebel
Co-ordinator of Educational Services	Mr. P. Giroux
Personnel Manager	Mrs. E. Hill
Chief Pharmacist	Mr. G. Moulton

CONSULTANT STAFF

Neurology and Encephalography	Dr. H.N.A. MacDonald
ENT	Dr. R.S. Murphy
Ophthalmology	Dr. M. Humayun
Ophthalmology	Dr. R. Hand
Medicine	Dr. C. Young
Radiology	Dr. I.M. MacLeod
Surgery	Dr. B.J. Steele
Dentistry	Dr. C.W. Curry
Dentistry	Dr. H.L. Sable
Dentistry	Dr. R. Conter
Obstetrics and Gynecology	Dr. D. Johnston
Pediatrics	Dr. U. Weste
Pathology	Dr. I. Maxwell
Anesthesiology	Dr. S. Sun
Internal Medicine and Hematology	Dr. O. Hayne
Urology	Dr. S. Yoon

CONSULTANT STAFF IN PSYCHIATRIC TEACHING

Dr. J.F. Nicholson
Dr. R.O. Jones
Dr. S. Hirsch
Dr. P. Flynn
Dr. A Munro
Dr. W.O. MacCormick

CHAPLAINCY SERVICE

Protestant	Rev. R. MacLean
Roman Catholic	Sister Mary Delaney

REPORT OF THE CHAIRMAN OF THE BOARD

The 1984-85 year was one of adjustment and steady progress for the Nova Scotia Hospital. It marked the first year for the hospital under the guidance of Frank Chalmers, whose title was changed from "Administrator" to "Executive Director", keeping pace with developments in health administration.

The Hospital kept pace in other ways. Mr. Chalmers will report on the program of upgrading patient units in terms of furnishings and decoration, and the modernization of equipment. The Hospital maintained its full accreditation status, a tribute to the excellent treatment provided by the staff. Their pride is justified. As appears in the report of the Planning Committee, a long-range plan was ready for presentation to the Board at year end. On the public relations front, the Tel Med system was approved by that committee and the Board, with operation expected in early 1986. It will bring this psychiatric facility into the lives of many Nova Scotians who still harbour myths and negative images about the hospital and mental illness.

The year was not without its trials and tribulations. Significant media attention and political pressures resulted from incidents relating to the Forensic Unit, but these must be kept in perspective. They were isolated occurrences, unprecedented in the life of our forensic service, which is a necessary element of the criminal justice system in our province. The appropriateness of this unit functioning within a hospital where the medical model is foremost is open to serious question; it is very likely that we could provide the expertise necessary to fulfill the needs of the courts without having the patients physically located on our grounds. Alternatives will continue to be explored.

At year end we awaited the decision of government to proceed with construction of the extended care unit. The functional program and preliminary architectural plans were in place for this building, which would permit the centralization at our hospital of a portion of the psychiatric patient population that is not well served presently.

Subject to minor modification and cabinet approval, the by-laws were virtually ready for presentation to our Board. The decision was made to begin operating unofficially under the by-laws, to the extent possible, effective April 1, 1985, and the first annual meeting of the Hospital will be held October 31, 1985, to review the 1984-1985 year. This provides us with an opportunity to remedy a deficiency in past annual reports, in which important work of board committees has been inadequately covered.

One of the activities not referred to here, but no less praiseworthy, is the unique process of board evaluation, overseen by our vice-chairman David Tanton. Guided by several publications, questionnaires were administered, followed by intense discussion that rated the performance of the Board as an entity. In addition, the process enabled each board member to assess his or her own contribution.

The balance of my report consists of reports of committees, which reflect the dedication our board members bring to their duties.

By-laws Committee (Leo Peters, Chairman)

During the period covered by this report, the By-laws Committee held five meetings.

There were two basic reasons to proceed slowly with the completion of the by-laws:

1. Our committee felt it appropriate and only proper to allow our newly appointed Executive Director time to become familiar with the operation of our hospital and proposed by-laws before he was asked to contribute his ideas and effort to the development of our final draft. The significance of allowing him time to be acquainted with his position was, I feel, a reasonable one since he will be the one responsible for the administration of these by-laws.

2. Before recommending the final draft to the Board of Management for approval, the Committee decided to permit the rough draft to be presented to the Surveyors of the Canadian Council on Accreditation for their comments. On receiving their report, the Committee considered their comments and further revised the rough draft of the by-laws.

Mr. Lorne Rozovsky, our legal advisor and author of our by-laws, worked with Dr. Limongelli of the Canadian Council of Accreditation, and Dr. Harris Miller, Deputy Minister of Health of Nova Scotia, in refining our rough draft. On completion of these refinements Mr. Rozovsky's services were terminated; however, he agreed to be available for consultation and assistance whenever required to guide the by-laws through acceptance by Governor-in-Council of Nova Scotia.

As of this reporting period the by-laws are in the final stages of preparation and, hopefully, will be completed in draft form for recommendation to the Board for their approval sometime in mid-summer or early fall, 1985.

The *Administrative Policy Manual* did not appear on the agenda over the time frame of this report. Our committee concentrated on the by-laws because of the delay in obtaining requested material from the *Canadian Hospital Association Policy and Procedure Manuals.* Several departments within our hospital had been reviewed during the previous years.

I would suggest that, once the by-laws are approved, this committee pursue reviewing the remaining departments and consolidate all the policy manuals into one manual for the Hospital.

With the shuffle of committee chairmen, this is my last report as chairman of the By-laws Committee. I would like to take this opportunity to thank all the committee members: Mr. Frank Chalmers, the Executive Director, Dr. H. Poulos, Medical Director, and Mr. Lorne Rozovsky for their expertise and personal commitment in developing a set of by-laws that I am certain will fulfill the needs of our hospital for years to come.

Finance Committee (David Ardley, Chairman)

I would like to take this opportunity to say that it has been a pleasure and a personal satisfaction to act in the capacity of Finance Chairperson on the Board of this hospital.

Over the past three years this committee has experienced several changes that have required extra time of the accounting and management staff. One item in particular was the introduction of the Integrated Budgeting Plan, which not only overloaded the paper demands of the Accounting Department, but affected all departments to a point where all had to burn the midnight oil.

The plan was finally finished and implemented and, although still in the early stages of maximum usage, it appears to be of benefit to all departments. It has taught us all how to put priorities on all needs and services through budgeting, and has also made each department aware of other departmental requirements. I would like to think that this plan has made all employees appreciate what contributions their fellow workers are making toward the ultimate goal of caring and curing patients in the best possible manner.

The Finance Committee, through an ad hoc committee, examined the inventory in and out system from receipt of goods to usage. We found to the agreement of management that some minor changes were required in the system to have an effective cost control of each unit and department. The examination also compared the feasibility of outside contracts, and we found

that in-house services were very effective from the viewpoint of cost and services to patients and staff.

More recently, the Finance Committee examined the legality of trust funds operations and hospital policies. It was found that Hospital policies had to be changed to coincide with new regulations under the Trustees Act. These changes were approved by the Board and implemented with minimal extra work on the part of staff.

Over the last three years, staff and management have co-operated to the utmost with this committee to ensure that the most accurate reports were presented to the Board on a regular basis.

The Committee would like to encourage the new Finance Chairperson to liaise with various provincial departments and encourage them to implement a surplus retention system for all hospitals. This could be in the form of a percentage of the equipment or items not normally budgeted for but which could assist in the care of patients or make things a little more comfortable for them.

In closing, I would like to give special thanks to Mr. David Woods, our accountant, Mr. Chalmers, Dr. Poulos and fellow committee members. Without their keen interest these accomplishments would not have been possible.

Patient Care Committee (Pamela Murray, Chairperson)

The Patient Care Committee met eleven times during the period April 1, 1984 to March 31, 1985.

Incident reports filed within the Hospital by doctors, nurses and other hospital personnel were reviewed monthly by myself and one other committee member. A summary of incident reports was compiled monthly and circulated to committee members at each meeting, during which time any questions, policies, procedures, etc., regarding these reports were discussed with the medical staff in attendance.

Several matters were referred from the Board of Management to this committee for review. These included the non-compliant alcoholic, the relationship of the Nova Scotia Hospital to the Commission on Drug Dependency, documents regarding delivery of psychiatric services to the four hospitals in the region prepared by the Adult Services Committee of Metropolitan Mental Health Planning Board, province-wide mental health services for the elderly and informed consent.

The committee visited N12, the Dartmouth Mental Health Centre, the Forensic Unit (twice), S1 and S2, where general discussion took place with the teams on the units regarding their programs, aims and objectives for their units.

Other important areas addressed by this committee have been:

- terms of reference for the Quality Assurance Committee; the Quality Assurance Plan for the Hospital and review of the Nursing Department Quality Assurance Plan;

- medication errors, the reporting procedure for errors and a look at the cost effectiveness of instituting the unit dose system as a means of reducing errors;

- review of patient care audits carried out by the Multidisciplinary Audit Committee;

- peer review — medical staff; and

- study on therapeutic quiet.

The Committee followed closely Accreditation Preparation, the problem of implementing forensic assessments for out-patients, the Young Offenders Act and facilities for these individuals, overcrowding in the Hospital, overstay charges and the effect on discharge of patients.

One meeting was held at which Mr. Marvin Burke, Executive Director of the Nova Scotia Commission on Drug Dependency, met with our committee to discuss problem areas between the hospital and the commission. Mr. Burke gave the Committee a synopsis of the programs run by the Commission and the main matter discussed was that of the non-compliant alcoholic. A contract was developed during the year between the Metro Drug Dependency Commission and the Nova Scotia Hospital regarding transfer services, which should build a better working relationship.

In closing, I would like to say it has been an honour to act as chairperson of the Patient Care Committee and a pleasure to work with such caring, professional individuals on this committee.

Planning Committee (Donald West, Chairman)

The Nova Scotia Hospital Planning Committee met on eight occasions during the fiscal year April 1, 1984 to March 31, 1985.

During this year the Committee continued to develop a five-year plan. The guide used was the article on Long Range Planning that had appeared in the *Trustee* magazine. In addition to this guide, another article was followed, this one on Strategic Planning.

Department heads were asked for submissions regarding long-range planning and to prepare lists of strengths and weaknesses of the Hospital. Many well thought out submissions were received.

One prevailing concern expressed by staff and also by committee members was the stigma attached to the Hospital by the general public. Another was that this hospital does not receive the recognition it should as a teaching hospital. To achieve this, staff are to be encouraged to write more articles and, if possible, to be given more time to research and prepare articles for publication.

The Committee was privileged throughout the year to hear presentations from several guest speakers. Our own Dr. Buffett spoke about the difficulties of looking after the mental health needs of a population of 50,000 people spread over an extremely large area. Dr. Munro, professor and head of the Department of Psychiatry at Dalhousie, spoke to the Committee on the topic "Trends in Mental Health Care". Dr. Archibald, of the Nova Scotia Department of Health, gave us his views on what the province sees as our needs and where we should be going in community planning. Dr. Alexander Leighton, professor of psychiatry and epidemiology at Dalhousie University, addressed the subject "Restructuring Services in the Mental Health Field". All presentations stressed the need for long-range planning, while pointing out both areas needing extra attention and possible solutions that could be included in the plan.

The Committee reviewed requests for capital construction, maintenance, repairs and alterations. Changes were made in the list of priorities and the list was recommended to the Board for approval. Prominent on the list were needed repairs to the roof of the DeWolfe Building, an upgrading of the emergency lighting system and the complete renovation of the Purdy Building. In capital construction, the Extended Care Unit was given a top priority.

The Committee agreed that the Tel Med System reviewed by the Personnel and Public Relations Committee would help enhance and improve the image of the Hospital in the community.

By October, 1984, the Committee had developed the Mission Statement and Hospital Objectives and Philosophy, which form the basis of a long-range plan. It was recommended that the Executive Director, with input from professional staff, should now put together a document for a long-range plan covering the next five years.

A five-year plan for landscaping, which we had requested from the Nova Scotia Agricultural College in Truro, was received. The plans were reviewed and the cost of procuring trees is to be budgeted in the next fiscal year.

In February, the first draft of a long-range plan was presented by the Executive Director. Changes and additions were made, and in March a second draft was presented. Further changes were made by the Committee, and the final draft was to be presented in April, 1985, the first month of the next fiscal year. A five-year plan for computer systems was also presented at the March meeting and this was also deferred to the April meeting.

Personnel and Public Relations Committee (O.G. Henderson, Chairman)

The Personnel and Public Relations Committee had an active year, being involved in many activities.

One of the major functions was the naming of the following buildings: Simpson Hall, E.C. Purdy Building, DeWolfe Building and the Hugh Bell Service Centre.

The Committee also worked on Canada Day, the Terry Fox Run, the cheese and wine party, honouring long service employees, pins for volunteers, Tel Med and others.

The other event that stands out was the Parade of Sail. The public came to the Hospital grounds by the thousands to view the Tall Ships on a beautiful sunny day.

It has been a pleasure to act as chairman of this committee, and I wish to thank the Board members who were on the Committee, as well as members of hospital staff who attended our meetings. I sincerely appreciate their co-operation and assistance.

Building Committee (Donald West, Chairman)

The Building Committee was formed as an ad hoc committee in August, 1984. It was formed to do a detailed study of plans for a proposed 100-bed Extended Care Unit to be built on the grounds of the Hospital. The Committee is composed of Board members Mrs. Pam Murray and Messrs. Richey, Peters, Tanton and Ardley. Senior staff members meeting with the Committee are Mr. Chalmers, Dr. Poulos, Mrs. Webber and Mr. Don MacIntyre.

Previous to the formation of this committee, the Planning Committee, which included most of the above-named people, had been studying what is called the Functional Program, completed by Peat, Marwick and Partners in 1983. It was compiled from information supplied by senior staff with input from all concerned department heads. It detailed the space required for rooms for patients, and for medical, nursing, occupational therapy, pastoral and volunteer services. It also set out required space for the switchboard, beauty salon, barber shop and other important support services, such as dietary, housekeeping and maintenance. The Planning Committee had made numerous suggestions for changes and by August, 1984, the time had come to make plans for the revised Functional Program. It was at this point that the Building Committee started to meet and work with the Department of Government Services, Department of Health and Design Collaborative Ltd. The latter company of Architects and Planners is the group responsible for designing plans from the Functional Program.

Meetings of the Committee were held in August, October, November, February and March. I also attended additional meetings in November and March with officials of the Departments of Health and Government Services, Design Collaborative Ltd. and our senior staff to discuss changes made by the Building Committee.

In December, 1984, Design Collaborative Ltd. presented a manual it had prepared covering preliminary specifications. These were studied in detail by a sub-committee, composed of Mr. Ardley, Mr. MacIntyre and myself. Suggested changes were brought to the Building Committee at the February meeting. At this time, the latest drawings were carefully examined. Further changes were made to specifications and structural design. These were forwarded to Government Services for review by that department and by Design Collaborative Ltd. and were well received by both. Suggested changes ranged from room size, design and finishes to plumbing, electrical and mechanical equipment.

Acting on the Committee's suggestion, the exterior of the building was redesigned to present a more pleasing profile. The final changes were accepted at the March 20th committee meeting with the Departments of Health and Government Services and Design Collaborative Ltd.

I would like to thank and commend the members of this committee for their thought and input into this project. When buildings of this magnitude are completed, one can always look back with hindsight and pick out things that could have been done differently. The Committee has tried to use foresight and reduce this number. There is absolutely no doubt that when the Department of Health and the Government of Nova Scotia decide to construct the Extended Care Unit it will be a superior facility as a result of the work of this committee.

REPORT OF THE EXECUTIVE DIRECTOR

The 1984-85 fiscal year saw a continuation of the program of fiscal restraint in the health care industry. However, the Hospital was able to maintain its services and programs at the previous year's level and embarked on modest expansion of some existing programs.

Through a coordinated effort on the part of all staff and the Board of Management, the hospital continued to operate in a fiscally responsible manner, finishing the year with a modest operating surplus.

A significant increase in the Hospital's equipment budget enabled us to embark on a much needed program of upgrading and replacing our equipment and furnishings. Perhaps one of the more visible signs of this effort was the total refurnishing of 4½ nursing units in the Purdy Building with new beds, lockers, bedside tables and lounge furniture.

As part of a five-year computerization program, computer equipment was obtained for Psychology, Dietary and Patient Education Departments. As well, some upgrading of our present main computer took place.

A major highlight of the past year was the successful reaccreditation of the Hospital by the Canadian Council on Hospital Accreditation. In addition to making a number of recommendations for continued improvement in the Hospital's operation, the Council gave many commendations to the hospital. This, I believe speaks highly of the dedicated efforts of all staff and the Board of Management, to provide quality care to our patients.

During the year, a study was commissioned and completed on the long-term (five-year) computerization needs of the Hospital. This report was subsequently submitted to Management Board and will serve as the basis for our hardware and software acquisitions over the next five years.

Significant progress was made on a number of major administrative matters as follows:

- Planning for the Extended Care Unit was finalized, although no date for construction has been established. Not only is this unit badly needed to provide for the needs of the long-term mentally ill, but its construction should facilitate the other major renovations required to our buildings. The highest priority is for the total renovation of the Purdy Building to provide a functional, modern, therapeutic environment for the treatment of the mentally ill.

- Considerable effort was expended in developing the Hospital's by-laws, and it is anticipated they will be forwarded to the Department of Health by the fall of 1985 for its approval.

- Significant work took place in finishing the development of a Five-Year Strategic Plan for the Hospital; the Plan will be submitted to the Board for approval in the fall of 1985. Included in the Plan, among other things, is a formal Mission Statement and the recently updated Philosophy and Goals of the organization.

- Preliminary work was done in regard to the establishment of a Nova Scotia Hospital Foundation, and we are hopeful that the legislation necessary to achieve this goal will be introduced in the next session of the legislature.

A significant amount of media attention was focused on the Hospital as a result of two separate instances of elopements from the Forensic Unit. In this regard it is worth noting that these two instances were the first such reported in the over five years the Unit has been in its present location.

As is standard practice in the Hospital following any unusual occurrence, a detailed internal review was performed, in this case of the Unit's physical security and security procedures. At the Hospital's request, the Attorney General's Department arranged for a security expert from the R.C.M.P. to assist our staff in carrying out this comprehensive review.

The recommendations emanating from that review have either been implemented or are under active consideration by the Hospital and other involved government departments. Of particular importance is the necessity to address not only security concerns, but the overcrowding that is occurring with increasing regularity on the Forensic Unit.

It is anticipated that 1985/86 will see continued dialogue between the hospital and appropriate departments of government to address the fundamental issue of the type, size, location, etc., of facilities required to deal with the mentally ill offender.

Notwithstanding any changes that may be made relative to the Forensic Unit, it is important to bear in mind that the Unit's primary mandate is to provide treatment, albeit in a secure hospital setting, and not incarceration.

In summary, although the year did not see any major changes in the Hospital's programs and services, much was accomplished to ensure that we continue to provide a high quality of service to our patients, consistent with

recognized standards and available funding. Further, a number of administrative projects were initiated that will come to fruition in future years and should assist in the Hospital's continuing to meet its mandate.

Further details of the hospital's operation follow in the specific departmental reports.

Administration and General Services

An upgrading of the disc storage capacity from 75 to 150 megabytes and the addition of three new terminals allowed for additional programs and file storage space in the Data Processing Section of the Accounting Department. Other improvements included a locked safe for storage of the back-up discs, a security system to limit access to programs and the installation of a Halon fire extinguisher system to replace the sprinkler system.

With assistance from Mr. John Withy, consultant, a situation analysis and strategic five-year plan for computer systems was prepared and submitted as per Management Board requirements. This report provides us with a very comprehensive plan for the implementation of various justifiable computerized systems throughout the hospital complex.

The Personnel and Payroll Department extended the use of the Selection Board process to several areas below the more senior management position level to broaden the benefits accruing through the use of this selection tool. The Department continued to facilitate many educational programs, work experience programs, summer employment programs and labour-management consultation.

The Occupational Health Department provided service to staff experiencing health problems, and regarding immunizations, accident recording and follow-up, education sessions and service through the Employee Assistance Program.

The Maintenance Department continued to maintain the hospital plant and equipment in good order. Many areas were painted and many minor renovation projects were completed, both internally and externally. All the boilers were cleaned and inspected, and during the year produced 61 million kilograms of steam while consuming five million litres of Bunker "C" oil.

The Central Laundry/Linen Service processed approximately 3.3 million pounds, with a high level of satisfaction from its user institutions. A planning committee was established of members from the Department of Health, the

Central Laundry Users, the Victoria General Hospital and the Nova Scotia Hospital to plan for the expansion of the Central Laundry/Linen Service to amalgamate the Victoria General Hospital laundry. From the early stages of the process it appears that sufficient savings can be achieved by this amalgamation, resulting in lower processing costs.

The staff of the Housekeeping Department continue to achieve high standards of cleanliness and sanitation within existing staff resources, while carrying out a number of additional duties that would not normally be expected of this department.

Evacuation exercises and fire drills in all areas of the Hospital have been held under the direction of the Fire Safety Officer, with satisfactory results. The Disaster Plan Committee continues to be active, with many minor revisions being made to the Disaster Plan.

The Stores Section continues to promote the usage of the few items of dead stock still remaining. Stock checks indicate that good stock-keeping procedures are followed and that the stores inventory is well secured.

Office Services were successful in upgrading some very old equipment, including typewriters, photocopiers and the emergency paging system. A new P.B.X. system would be very helpful to this department and will be requested in the next fiscal year.

The Library Committee was active and assisted the Department in providing appropriate service.

Dietary Department

The past year was productive, challenging and very busy in Dietary. A major revision of the Department's policy manual was accomplished, in part by the assistance of students hired on a summer employment program. The quality assurance audit tools that were developed this year gave a new focus to age old practices of quality control in clinical, food service, food and fire safety practices.

An effort to prepare the Department for acquisition of a computerized menu and inventory system was pursued vigorously. Two summer students spent a good deal of time preparing basic food preparation and control information systems in metric measure so that the initial phase of computerization would be smooth as possible. It is expected that the computer will soon be an integral part of the operation.

The outdoor patio is still a special feature of the summer dining facilities, especially with the addition of the gas barbeque donated to dietary by the Nova Scotia Hospital Auxiliary. Market surveys were conducted to analyze what innovations must be made to increase the popularity even more. On the day of the Parade of Sail, there appeared to be little question about the demand for food services, and Dietary was pleased to be an important part of the services offered to the public by the Hospital during this gala occasion.

A constant challenge in Dietary is the effort to reach a suitable balance between optimum nutrition and cost control.

This year there appeared to be very little that could be done to bring costs in line with the recommended raw food costs per patient days, as set by the Department of Health, without sacrificing nutritional quality of the patient menu.

A close examination of the use made of between meal nourishments revealed a large amount of food supplies being used as supplements to medication and patient programs related specifically to psychiatric care. The costs of the extra supplies were separated out from the purely nutritional costs and reassigned to the individual patient units. There was an immediate reflection of good financial management within Dietary without any sacrifice to the quality of nutritional care.

Education of staff and students played an important part in providing a complete service to the Hospital. Twenty in-service sessions to the staff focused on safe food handling, metrication, fire safety and patient interactions. Students from the Home Economics Department of Mount Saint Vincent University, the food service supervisors' course at NSIT and from the Dartmouth-Eastern Shore school system were given a learning opportunity in the Department. One cook and one food service supervisor received hospital support for training in their respective technical training schools.

The Hospital is to be commended for its continued support of professional staff who contribute to their professional organizations. The Assistant Director served her first year of a two-year term as President of the Nova Scotia Dietetic Association and chairperson of the National Nutrition Campaign Steering Committee of the Canadian Dietetic Association. The Director was appointed chairperson of the Advisory Committee of the Food Service Supervisors' course at NSIT, and the Administrative Dietitian served on committee positions with the Canadian Food Service Executive Association.

The Nova Scotia Hospital gained exposure to the international dietetic community when a touring group of delegates to the International Congress of Dietetics examined the food service system, especially the ingredient control center and recipe standardization system. Delegates hailed from Sweden, South Africa, Australia, the U.S. and Canada.

The directors of Dietetics at the Victoria General Hospital, I.W.K. Hospital for Children, Nova Scotia Hospital and, most recently, Kentville Hospital Association have organized routine meetings to share common concerns, look to future developments and for the mutual benefit of all.

In response to a need to deliver hot foods hot and cold foods cold, to the patient units, the Aladdin insulated tray system has been purchased to service four nursing units. Such experimentation will be incorporated into the research being carried out on a cook-chill system of food production for the future.

A recent survey of professional staff to assess the quality and need for clinical nutrition services in the Hospital revealed a satisfaction with the therapeutic service provided but an unmet demand for patient teaching in normal nutrition.

The Dietary Department was approached by two university graduates in home economics seeking an appointment with the Department as students in the Two Year Preplanned Experience in Dietetics — an alternate route to dietetic internship. Invitations such as this lead the way to many future plans, which are aimed at the continuous improvement and expansion of the services offered by the Food Service Department to the Hospital.

DIETARY STATISICS: April 1, 1984 — March 31, 1985

Patient Meal Days	Nova Scotia Hospital	131,148
	Day Hospital	324
	Day Care	2,463
	Metro Drug Dependency Centre	7,820
Cafeteria Meal Days	Staff	14,422
	Students	5,560
	Courtesy and Complimentary	2,175
Total Meal Days		163,912
	Special Diets	34,463
	Daily Average	94
	Catering Functions	391

Motivational Therapy Department

A variety of new program approaches were initiated within the Recreation Section, including:

- Leisure Pursuits, further methods of addressing the needs of the longer term patients;

- Leisure Education, in-house programs introducing appropriate leisure activities as a part of successful reintegration into the community;

- Stepping Stones, a specialized leisure education Program for patients while they are readapting to community life; this program was designed and conducted jointly with personnel from Dartmouth Parks and Recreation Department and was community based;

- Participation Day, our emphasis during National Physical Activity Week.

A wide variety of previously initiated programs were maintained throughout the year.

Leadership was again provided in the operation of Camp Victoria, the Hospital's camping facility in Lake Echo. The camping program was in operation for a ten-week period, offering an extension to patient treatment programs. One member of the recreation staff served as program coordinator for the season. As well as our patients, participants in Dartmouth's On Track Program and patients from the Izaak Walton Killam Hospital for Children enjoyed brief camping experiences at Camp Victoria.

Increased involvement in a number of recreation organizations with the province precipitated a growth in requests received for formal presentations and consultation and, consequently, greater community awareness and the needs of patients both while in hospital and during transition to community living.

The inability of the Department to recruit and retain occupational therapists has presented an even more acute situation than the very unsatisfactory condition reported for the previous year.

The total clinical staffing at the beginning and end of the year was as follows:

	April 1, 1984	March 31, 1985
Supervisor of Occupational Therapy	1	1
Occupational Therapist	3 ⅗	1
Occupational Therapy Assistant	6	6

Resignations were received from the Supervisor, three full-time occupational therapists and one occupational therapist on a three-fifths time appointment. One occupational therapy assistant retired.

The Supervisor's position was filled through promotion, thus creating an additional staff vacancy. Appointments were also made of one occupational therapy assistant and two occupational therapists. Three casual appointments, at the assistant level, to fill therapists' vacancies were made.

Two assistants experienced lengthy illnesses, further reducing available manpower.

Each of the occupational therapist positions was vacant for all or part of the year. The eight positions vacant on March 31 had an average vacancy period of 8.37 months. For the year, the service of occupational therapists was less than 30% of that indicated by the existing complement.

Extensive recruitment was conducted; however, the majority of candidates attracted chose to accept employment elsewhere.

Many of the managerial, clinical and educational activities of the service were cut back or cancelled, or fell behind established standards and practices due to the staffing situation. As well, the situation has impacted heavily on the roles and working environment of all existing staff.

In light of these issues, the Department requested that a review and evaluation of the service be conducted by the Department of Health. An in-depth collaborative study was completed by the external consultant in Occupational Therapy, and the report of this evaluation is looked forward to as a focus for developing remedial action.

A total of 619 patient referrals for occupational therapy were accepted. The quantity of service provided for these patients as measured by the Canadian Schedule of Unit Values for Occupational Therapy was as follows:

	Time Units	Weighted Units	Attendance
In-patients	313,923	347,484	10,497
Out-patients	70,508	84,455	2,725

Late in the year, notification was received of a revision in the required workload measurement system. Staff education and systems modification were completed in preparation for this change.

Four occupational therapy students from Dalhousie University were placed in the Department for formal clinical fieldwork experience. Eight additional students gained their initial clinical experience through brief shadowing experiences. Other commitments and requests for student placements, e.g., research-related placements, could not be accepted due to limited preceptors. This was of concern to educational programs, particularly to the School of Occupational Therapy at Dalhousie University, where there was a reasonable expectation in terms of this department's role in psychiatric clinical education.

Staff of the Department maintained active involvement in the Dalhousie program through presentations, guest lectures, service on the Admissions Committee, consultation in regard to course development and participation in the process leading to accreditation of the School by the Canadian Association of Occupational Therapists.

As well as being actively involved in the undertakings of various hospital committees, members of the Department accepted active and leadership roles in related professional organizations.

Consultation services related to recreation and occupational therapy in the mental health field were provided in response to requests both from within and outside the province.

Presentations on the Department's roles and related topics were given to hospital staff, students from a variety of fields and community groups.

Continuing education for departmental employees was encouraged through departmental and sectional education sessions, involvement in in-house educational programs and attendance at various conferences and workshops.

Nursing Service

This year proved to be an exciting, progressive and busy year. All staff nurse positions were filled by registered nurses for the first time in over a decade.

The Adult General Service Units are staffed at 50:50 ratio of registered nurses to auxiliary nursing staff.

Our newly formed Quality Assurance Committee spent the year streamlining policies and procedures. Nursing Quality Assurance manuals have been forwarded to eight other hospitals and the Metropolitan Mental Health Planning Board.

Thirty-two mini-surveys were completed, including 96 chart audits. Compliance with standards ranged from 85% to 97%. The mini-survey program was evaluated, which resulted in a revision of the format and focus.

The *Nursing Procedure Manual* format has been revised and ongoing review of the procedures continues.

The annual therapeutic quiet audit was completed. This resulted in the development of criteria to audit therapeutic quiet documentation. Subsequently, five monthly therapeutic quiet documentation audits have been completed. Compliance to criteria showed improvement as staff become more familiar with the expectations and standards.

Four other audits were completed, resulting in the development of a Nursing Unit Assessment Program utilizing several different measurements. One unit has been assessed; recommendations for improvement in the delivery of nursing care were made and implemented.

The Advisory Committee to the Director of Nursing has had six meetings. Committee members represent all nursing staff categories and support services. Minutes of the meetings are circulated to all nursing units. Feedback has indicated improved communication among nursing administration and staff.

In-service education for staff remained a priority. Twenty-five staff completed the Basic Lecture Series and will be awarded certificates. Seventy registered nurses/registered psychiatric nurses have completed the venopuncture and bloodletting certification program. The majority of registered nurses have completed the annual pharmacology update program, which is held each month. Approximately ten registered nurses attend per session.

A medication error follow-up program was implemented.

As required by hospital policy, nursing staff participated in four C.P.R. updates and practice sessions. Two clinical supervisors received certification as

C.P.R. instructors, and six nursing staff participated as instructors in the review sessions.

Monthly orientation programs for newly hired nursing staff were taught by clinical supervisors. This program immediately follows the one-week hospital orientation program and focuses on nursing care.

A special orientation program was developed and implemented in January for 13 casual registered nurses.

Units S3, MacKay Children's Unit and N16 were converted to the P.O.R. system. The instruction for the respective multidisciplinary teams was done by the clinical supervisors and totalled 85 hours.

Eighty-four nursing staff attended 56 nursing-related conferences. Two staff members successfully completed the Nursing Administration Course in May, and three head nurses enrolled in the Nursing Unit Administration course in September.

It is worthy of note that two of our staff members are consultants for the Nursing Unit Administration Program.

The focus this year has been on patient care planning and documentation. A follow-up audit has been developed to evaluate results of teaching sessions.

The learning needs of the registered nurse staff at the Nova Scotia Hospital have been identified and were presented to the Nursing Education Department.

The clinical supervisors team met with senior nursing personnel from Camp Hill/Abbie Lane Hospital on several occasions to assist them in planning nursing intervention programs.

An overall average of 4.5 hours of nursing care per patient per day was provided.

The nursing units showed a decrease in patient census; however, three units continued to remain over census.

Three proposals for patient classification and workload measurement systems were studied by nursing administration. The type of system implemented will be influenced by the system's compatibility with the federal and provincial Management Information System programs.

The Director of Nursing surveyed one mental hospital and seven long-term care centres for the Canadian Council on Hospital Accreditation. She also presented the "Accreditation Program" to students at Dalhousie, Directors of Nursing Service of Nova Scotia and the Nurse Manager Group at R.N.A.N.S. Nursing Practice Workshop.

Two briefs were submitted by the Nursing Department on:

1. Patient education
2. Psychiatric Nursing Internship Program

A comparative study on absenteeism in the Nursing Service Department was completed.

Nursing staff participated in various hospital committees.

All staff worked hard preparing for the accreditation survey in October and, of course, experienced the anxieties of being evaluated.

In summary, the Nursing Department continued to focus on the provision of safe and therapeutic nursing care. This resulted in ongoing revision and updating of standards, procedures and programs which, in turn, not only enhanced the delivery of care but also assisted the hospital in meeting its mandate.

Nursing Education

This department continued its psychiatric educational programs, and 194 student nurses completed courses ranging from four to five weeks. This Hospital provided eight days clinical experience for 184 student nurses (with instructors) from the Victoria General Hospital School of Nursing and three weeks clinical experience for 19 nursing students from St. Francis Xavier University. Similarily, 78 C.N.A.s from the Dartmouth Vocational School received two weeks of clinical experience.

Six C.N.A.s successfully completed the 12-week postgraduate course in psychiatric nursing, and six R.N.s successfully completed the 26-week postgraduate course. The staff of the Nursing Education Department participated in 45 conferences/lectures on films, for a total of 74 attendances.

The Director of Nursing Education is responsible for the Nurses Residence, providing accommodation for a number of Dartmouth Vocational School students, student nurses and some resident staff members. The highest

daily occupancy was 113, and the lowest 29 (primarily during July and August).

Pastoral Care Department

Over the past year the Pastoral Care staff has changed. Two part-time Protestant chaplains were replaced by a full-time Protestant chaplain. The full-time Roman Catholic priest provided by the Halifax Diocese has been replaced by a part-time on-call priest. The Department is now made up of a full-time coordinator, one full-time Protestant minister and an on-call Roman Catholic priest for sacramental ministry.

The Chaplaincy Advisory Committee met six times during the period covered in this report. Much of the time and energy of the coordinator and committee members was spent on preparatory work for the re-accreditation of the Hospital as a centre for clinical pastoral education. This accreditation was granted on January 25, 1985, by the Canadian Association for Pastoral Education.

The second annual workshop for Metro clergy took place on March 7th. The anonymous evaluations gave evidence to the success of this undertaking and requested that another workshop take place in 1986.

The Committee planned the installation of Rev. Ronald I. MacLean as Protestant chaplain of the Nova Scotia Hospital. This took place in St. Luke's Chapel in the DeWolfe Building on October 24, 1984.

Members of the Pastoral Care Department have carried on a day-to-day ministry to patients, families and staff throughout this period.

On July 20, 1984, two advanced and three basic students received certificates for successfully completing a 12-week unit of clinical pastoral education.

Two basic students and two advanced students received certificates on April 11, 1985, for completing an extended unit of clinical pastoral education.

The Regional Certification Committee of C.A.P.E. met in October, 1984, and April, 1985, at the Nova Scotia Hospital. Five students moved to advanced and supervisory training as a result of meeting with the Regional Certification Committee. All five students have taken their training at the Nova Scotia Hospital.

In October, 1984, accreditation review by the Canadian Hospital Association, the pastoral service programs and the work of the Chaplaincy Advisory Committee were noted with approval.

Educational Services

During the past year, approximately 170 students passed through the Hospital School. This figure includes the children of MacKay Unit, the adolescents of Princess Alexandra Unit, the handicapped young adults of N-3, and N-12, and a few from other areas, i.e., S-1, N-1, N-16 and N-17.

All these students underwent an educational assessment period prior to their placement in an individualized educational program. Although these students represented a wide range of diagnoses, the majority of children and adolescents came to us with a history of school difficulties ranging from discipline problems through learning disabilities, school refusal and school phobia.

Adolescent Services referred the greatest number of pupils to us with 110. Their high turnover and their capacity of 30 patients, linked with other factors, caused a great deal of difficulty for our adolescent teacher.

As it was difficult for one teacher to educate This number of students, we requested and received permission in November to hire a casual teacher to teach half the adolescent population. This position has been maintained up until the writing of this report, and we have asked that it be made a permanent position, since all factors point to a continuation of this trend.

Approximately 45 referrals were received from MacKay Children's Unit, and they were placed in either the Hospital School or the Dartmouth public school system.

Our elementary teachers have also been researching methods and materials in preparation for the arrival of the Apple IIc computer that we are expecting in the very near future.

Our senior elementary teacher has been using her newly acquired expertise to develop a reading centre aimed at the specific needs of our school population.

Our Special Education class, which services N-3 and N-12, continued successfully this year. Early in February we hired a casual teacher to develop the program more fully than we have been able to in the past. She has also been a

major contributor to the development of an activity centre on N-12 that involves many of the patients who are unable to attend school.

We, of course, continued to place pupils in the public school system whenever possible and desirable. In recognition of the interest and response of the members of the Dartmouth school system, we presented them with a photo of the original MacKay House on behalf of the patients, staff and Board of Management of the Nova Scotia Hospital.

Pharmacy and Pharmacy Services

In addition to the Director (20% time), the Pharmacy Department for this fiscal year consisted of three pharmacists, one pharmacy technician and one clerical staff person. This complement is increased from the previous year by one pharmacist. With this addition, the Department was much better able to cope with the workload. No student was employed during the summer months this year.

Workload statistics of the Department are almost identical to those of the preceding year, with a total of 44,140 items supplied to the various units of the Hospital, the Day Hospital, Out-patient Department and the Occupational Health Facility. Broken down, this figure shows 25,761 ward stock items, 8,201 new patient orders, 7,143 pass medications, 2,124 out-patient prescriptions, 784 day hospital orders and 127 prescriptions for our staff-student program.

With the increase in its staffing, the Pharmacy Department was again able to participate in the various programs and committees of the hospital, which it previously had to curtail. The Pharmacy and Therapeutics Committee met regularly throughout the year, and primary emphasis was directed to reviewing and updating the various protocols and drug therapy. Additionally, patient information sheets were drawn up for the different classes of drugs. The continual updating of the hospital formulary was carried out during the year.

The Department was again represented on the Multidisciplinary Audit Committee, participated in the Journal Club, and resumed patient counselling sessions. Educational talks and drug information were carried out, as required.

The Hospital Pharmacy Residency Program was maintained again this year, with two residents spending a two-week period at the hospital. It is hoped that this affiliation with Dalhousie University can be continued and, hopeful-

ly, expanded in the future. The in-patient profile system begun late last year was continued and will be until a computerized program becomes available. This is expected late in the coming fiscal year.

The costing system devised for the units and departments of the Hospital has proven satisfactory. Hopefully, this will be combined into the computer program when it becomes a reality. Other requests for pharmacy expertise were carried out as required during the year. Included in this was an initial survey on the possibility of unit-dose dispensing on the units.

As previously stated, the Department is now in a much better position to supply more of the expected services to the hospital. The primary projects contemplated for the future include patient counselling, pharmacy participation in clinical rounds and further drug information sessions. The department publication *PHARMANOTES*, dormant for the past several years, will again be printed and distributed.

Staff in the Pharmacy Service Department area consisted of the director (80% time), one chief clerk, one computer terminal operator, three storesmen and one clerk-typist, utilized mostly as an additional stores person. A half-time clerical staff person was employed for several months, terminating at the end of the fiscal year.

A total of 7,987 orders were received and processed during the year, having a value of approximately $11,000,000. While the three prime burdens of the program remained throughout most of the year, steps were taken in an attempt to solve them. Beginning in April, 1985, we will delete from our inventory most of the bulky items, allowing extra space to be made available for more urgently required items. A start on modernization of the obsolete computer program was made late in the year. It is by no means complete but additional changes and improvements are contemplated. The part-time staff employed enabled the program to continue at an acceptable level.

The Department operated for approximately two months without the services of a chief clerk, as no suitable replacement could be found.

The Pharmacy Services Department expanded its services on an international basis late in the year by being involved with the supply and shipment of drugs for the "Ethiopian Airlift". Arrangements for this were made through the Airlift Committee, the Department of Health and the Nova Scotia Hospital. In December, a total of $49,397.40 worth of drugs was assembled and shipped from the Hospital, along with other urgently needed supplies. Later in February, a mini-shipment of drugs valued at $11,979.40 was made. It

is expected that we will be further involved in this Ethiopian aid program during the coming year.

It is hoped that the deletion of our bulky items, together with the hoped for updating of the computer system, will greatly assist the Department in carrying out its mandate for the coming year. An additional staff position has been requested and, hopefully, will be made available. Overall sales for the ensuing year, 1985-1986, are projected at between $12½ and $13 million.

Psychology Department

In April, 1984, the Psychology Department consisted of the Director, five psychologists, one psychologist (candidate register), one full-time and two part-time psychological technicians and a secretary. Excluding the secretarial position, full-time equivalent staffing was 9.75 unchanged from the record level of the previous year.

Continuation of the previous year's inprovement in staffing level and turnover compared to previous years has enabled maintenance of last year's record level of clinical services. The overall picture is one of slight increases in direct individual therapeutic services, balanced by slight declines in other direct services. The level of indirect, predominantly in-patient, clinical services was basically unchanged. There was a slight drop in the number of formal referrals, 362, registered through the Department; however, several areas of direct service, such as in-patient group psychotherapy, group-routine psychological testing, prime therapist functions and occupational health services, are not recorded in this way. Referral levels are a reflection of staff availability, not patient need. There continues to be abundant evidence of a much greater need for psychological services than can be provided with current staffing levels.

The specialty behavioural medicine service, initiated last year, unfortunately had to be discontinued because of the pressure of other commitments. The need for such a service remains, reflecting increased awareness of the interplay between physical and emotional health factors for many of our clients. Occupational health services to Hospital staff, still a relatively new service for our Department, were able to be maintained at approximately the same level as last year, with a total of 62 sessions provided to eight clients. Overall group psychotherapy sessions remained at the high level established over recent years. This service continues to be provided primarily to in-patients and at the Day Hospital and includes special purpose groups, such as an activity group in cooperation with O.T. staff, discharge planning, problem solving and communication groups, as well as general process psychotherapeutic groups.

Family/couples sessions continued to be a relatively small component of overall therapeutic services, showing some decline from the record level of the previous year. Psychological assessments using psychological tests, largely an in-patient service except for group/routine testing at the Day Hospital, showed a slight decline. However, there has been an increase in the number of referrals for assessment of organic brain dysfunction, reflecting increased awareness of the contributions of psychological assessment in this area.

Indirect clinical services, which include consultation to other clinical staff, planning, implementation and direction of treatment programs, including supervision and training of clinical staff and attendance at team meetings, continue to involve a smaller proportion of staff time than direct services, reflecting the more immediate pressures for direct intervention. The major areas of focus have continued to be the special units and services; however, the increased involvement noted last year concerning general service units has continued on those units that have proved receptive, taking different forms on different units, including community meetings of all patients and staff, milieu staff-patient groups, psychotherapy groups (noted above), behavioural programming, development of privilege system, multidisciplinary case discussions, and meetings with nursing staff around issues of clinical programming and case management.

Taking the special units/services in turn: Psychological involvement has been maintained with the *Dartmouth Mental Health Centre*, including "think tank" planning sessions, collaboration in joint treatment with psychiatrists and other clinical staff and participation in clinical meetings when held. The *Day Hospital* has seen continued major psychological involvement through the highly evolved team structure and prime therapist model, crisis intervention and group therapeutic involvement. There was a more exclusive focus on psychological assessment functions on the *Forensic Unit* than in the previous year, reflecting both increased needs for this service and time limitations for psychological involvement. There was also a focus on the use of team meetings as a vehicle for psychological input.

In terms of legal issues outside the unit, a staff member had occasion to appear in court as an expert witness in a divorce trial.

There have been several developments in the well-established clinical program services to *Unit N-3* (long-stay psychiatric). These include major reviews of both the independent living program, with its focus on community involvements and social and living skills in preparation for discharge, and of the unit behavioural program, introduction of adaptive behaviour assessment procedures for all patients, establishing and developing contacts with com-

munity resource and support agencies, social club for patients organized jointly with volunteer services, cooking groups and supervision of nursing staff for the individual and group therapy program.

P.A.U. (adolescent service) has seen a continued high level of psychological involvement, facilitated by part-time office location on the unit, enabling ready consultation to unit staff and the overall unit milieu. A greater focus was placed on psychological assessment services, reflecting the high number of adolescent remands. There were substantial changes in psychological input to *Unit N-12* in the latter part of the year, representing the first steps in changing the overall milieu of the unit to rehabilitative within a developmental framework. Components of the program include a recently established activity centre, assessment, staff training and developmental programming phases.

MacKay Unit (children's services) has also seen a number of developments, building on the long-established behavioural program. These have included development of a social skills training group, creation of an activity centre in conjunction with teaching staff, improvements in family and community follow-up procedures and greater focus on data and evaluation of the behavioural program.

Involvement in consultative and educative functions to community agencies and groups has continued to be limited, with, however, a healthy diversity of activities. Consultations have been provided to local schools as part of the children's services, to Dartmouth and Halifax city police and to the Dartmouth branch of C.M.H.A., for which a literacy testing service was carried out. An increased focus on continuity of care and coordination of treatment has led to intensified contact and consultation to community referral sources, such as group homes, the Dartmouth Work Activity Group, Scotia Nursing Home, Dartmouth Social Services and adult probation services.

Links have been maintained with local universities through student visits and contacts, including participation by staff members in a small student research project and occasional attendance at university colloquia. A small number of staff members have offered psychology courses at local universities.

There was considerable involvement in planning and organizational activities during the course of the year. Active representation was continued on several Hospital committees, including:

- the Library Committee, in which a staff member took responsibility for updating the patients' library through acquisition of self-help, health and general resource materials

- multidisciplinary audits which saw implementation of a pilot patient activity audit and planning for an aftercare and recidivism audit

- records in which issues of confidentiality were addressed as well as ways to improve methods of obtaining prior records on children

- problem oriented records

- an ad hoc family questionnaire committee established to devise ways to gain information regarding patients' lifestyles and environmental circumstances

- public relations planning committees.

Outside the Hospital, participation has continued on the policy/planning and research/evaluation committees of M.M.H.P.B., the ethics committee of the Association of Psychologists of Nova Scotia and the organization of Administrators of Public Psychological Health Services, which provided a major submission to the provincial Department of Health in regard to the development of psychological health services.

The past year has been one of consolidation of previous organizational changes in the Department, including implementing the process of delegating certain departmental functions to designated staff coordinators, beginning steps toward goal-directed review for staff members and further streamlining staff meetings. The streamlining of departmental functions over the past couple of years in conjunction with relative staff stability in terms of low turnover has enabled groundwork to be laid for a number of developments for the forthcoming year, including computerized psychological assessment, specialized neuropsychological assessment, upgrading of psychological assessment facilities (generally through creation of a psychological assessment centre), planning for a predoctoral internship program, improved statistical reporting of services and reclassification of certain staff positions in recognition of improved staff qualifications.

Social Work Department

At the beginning of the fiscal year, the Department was up to its established complement. However, extended leaves, for a variety of reasons, continued to impact heavily on the delivery of services, particularly during peak vacation periods.

Task-oriented activities accomplished over the past year included the completion and general distribution of the Department policy manual. Also, Job Descriptions were updated and revised, and goals and objectives set for each staff member for the coming year. A new statistical reporting system was researched, recommended, adopted and introduced through a general staff orientation. One member of the Department compiled a general community resources manual, including a directory of sheltered workshops available for patient use. The Department recommended and implemented a protocol for reporting cases of potential child abuse. This system has now been adopted as hospital-wide policy and is coordinated through the Department of Social Work. A number of cases have been identified and referred to child caring agencies across the province since the inception of this policy.

As a result of increasing demand from patients and staff, a member of the Department was assigned to study the pattern of comfort allowances awarded to patients in an attempt to identify inequities in the disbursement of these subsidies from municipality to municipality. The net result was an overall increase in the amount of comfort allowances paid and in the number of patients receiving such benefits.

The Department was involved in coordinating all major functions related to the federal and provincial elections, including providing assistance in identifying and listing the names of all those eligible to vote, notifying patients of their rights and of details respecting access to the polls, and in arranging transportation for those who required it.

Major treatment modules employed in the Department over the year included psycho-social assessments, individual and small group therapies, marital and family counselling, structural family therapy, parent/child counselling, adjustment therapy, discharge planning and classification and practical assistance.

In January, 1985, the Department was successful in securing the one-half time services of one social worker who was deployed to develop a Group Therapies Program for patients with certain targeted needs. One such predischarge group was available to patients from the Adult General Service areas

and, from the report tabled, proved highly beneficial to those attending. A second innovative group therapy exercise was initiated in Children's Services where the focus of treatment was on development of socialization and relationship skills delivered through a game of chance. This program also proved effective in achieving its expressed goals. In withdrawing departmental involvement at the conclusion of the project, efforts were made to transfer some of those functions to other disciplines in the interest of continuity. One member of the Department was instrumental in forming a committee to research the need for development of a Family Education and Support Group program. This project is still in the investigation phase of development.

In December, 1984, approval was received and appointment confirmed for the position on a one-half time basis of a Case Manager to the Dartmouth Mental Health Centre. This function is intended to provide a coordinated approach to management of a targeted group of chronic patients attending the Centre, with intermittent, multiple readmissions to hospital.

Staff members maintained involvement on the following Hospital committees throughout the year: Clinical Department Heads, Joint Administrative, Multidisciplinary Audit, Medical Records, Union/Management, Library and a variety of ad hoc committees, including those of Mental Health Week Planning Committees.

Staff members maintained professional liaison and were active on the following community boards and their committees: Nova Scotia Association of Social Workers, Canadian Association of Social Workers, Canadian Association of Social Work Administrators in Health Care Facilities, Gerontology Association of Nova Scotia, Huntington's Society, Nova Scotia Division of Canadian Red Cross (Homemaker's Services), Canadian and Nova Scotia Mental Health Associations, Metropolitan Mental Health Planning Board, Canadian Association for the Mentally Retarded, Friends of Schizophrenics, the Metro and Provincial Directors of Hospital Social Work Departments, Women's Counselling Collective, Big Brothers/Sisters, Nova Scotia Commission on Drug Dependency and the Nova Scotia Family and Child Welfare Association.

One member of the Department was this year's recipient of the Edith Kovacs Award for outstanding contribution to Children's Services.

Over the year, the Department actively sought to reinforce linkages with the Maritime School of Social Work to the mutual advantages of both parties. Field placements were provided to three senior social work students, which in-

volved voluntary participation on the part of staff who elected to provide supervision to the students, in addition to carrying out their regular duties.

As a result of this collaborative effort, several staff members were invited to provide guest lectures to specific classes of students at the Maritime School of Social Work and have otherwise been active on a variety of educational committees related to professional social work education.

The Department has also been invited to contribute to curriculum content as appropriate to the training of social workers for practice in the field of health care.

One member of the Department gave a series of instructional workshops on Suicide Prevention to a group of native counsellors in New Brunswick, Prince Edward Island and Nova Scotia.

Staff development programs were made available to all staff on the following topics: Social Work Approaches to Treatment of Anorexia and Bulimia, Family Violence, Battered Women, Child Abuse, Family Treatment Stages in working with Families of Long-Term Patients, Overview of Comminity Services in Halifax and Registration and Regulation Requirements for Social Workers in Nova Scotia.

Staff members attended and participated in professional workshops in the community on: Families and Drug Dependencies, Mental and Physical Health Care for the Elderly, The Barkow Report, Child Sexual Abuse, Employment and Well-Being (C.M.H.A.), Day Hospitals, Medicine, Health Care and the Law, and Instructional Techniques for Professionals Involved in Teaching.

In September, 1984, the written recommendations of the departmental study undertaken earlier in the year by the social work consultant, Department of Health, was received in the Department. The study had been initiated to review the Department's staffing ratios in relation to workload and to assess the relative effectiveness of staff deployment patterns and general utilization of manpower resources.

The study results confirmed the directional thrust of the Department, supported the current staffing patterns and affirmed the projected staffing complement based on proposed plans for new program development. At year end, all the major recommendations of the Department study were initiated and/or fully operationalized, excluding those requiring consideration at the next fiscal period.

The Department cooperated in the preparation and actualization of the accreditation process. A departmental Accreditation Committee was formed to monitor department progress in adhering to the established accreditation standards for social work departments. Similarly, a standing Quality Assurance Committee was confirmed in anticipation of developing standards for subsequent accreditation requirements.

In the community, professional linkage was reinforced with the Maritime School of Social Work and with a variety of community agencies having common relevence to the care of patients and families served by the hospital.

The net result of these activities is that the Department operated from a "status quo" position. We look forward to a period of growth in the forthcoming year.

Staff Development Department

There has been a substantial list of accomplishments within the Department over the past year, some of which are the revision of a *Policy and Procedure Manual*, and the development of two brochures, one for the Health Science Library and the other for the Staff Development Department.

The addition of a half-time position to the Department has enabled an increased level of in-house programming, especially in the area of specific workshops to identified groups of staff and an increase in incidental programming for all staff.

Research continues on the development of a measurement tool to assess group performance during a cardiac arrest, as well as a revised and improved psychometric properties of the C.R.R. written examination.

The completion and implementation of a specific orientation program for rotating interns was established during the year and has proven to be profitable for both the interns and the Hospital.

The general orientation program for all staff continues, with 100 staff having been oriented during the fiscal year.

The Department continues to coordinate the placement to the nursing units of students from child care study programs throughout the province. There were 11 students placed.

Seminars, workshops and incidental program planning is done for all levels of staff. There has been a significant increase in the number of planned programs this year due to the availability of other human resources both within and outside the Hospital. It has been possible to coordinate broader programs, i.e., "Wellness in the Workplace", a series of lectures stressing the importance of healthy lifestyles and communication workshops for all levels of staff.

The coordination and planning for Continuing Medical Education programs are ongoing and have a very high profile, both in-house and within the community.

The Department continues to service the educational needs of the health care community through the development of or participation in lectures, skill training and workshops.

C.P.R. programs are and continue to be a high priority and were regularly scheduled throughout the year with very good attendance.

The Department continues to coordinate activities and displays for special events, National Health Day, Lungs for Life and Mental Health Week.

Staff served on multidisciplinary committees on a regular basis, as required.

Volunteer Services Department

The major new development in the Department of Volunteer and Public Relations Services during the past year has been the coordination of the Tel Med Program. This health information line is expected to be operational in the spring of 1986 and will provide taped messages on a variety of health topics to the public.

Canada Health Day was planned and celebrated through this department co-operatively with other hospital personnel. A volunteer tea was held during Volunteer Week for the 123 volunteers who contributed 4,509 hours for the year.

The United Way Campaign was organized with increased staff participation this year.

Media coverage was arranged for various special events, including the official naming of the buildings, the installation of a new Protestant chaplain, various donations of goods and services and other events of interest.

The supervisor of the Department participated in several volunteer recruitment campaigns and volunteer workshops organized co-operatively with other metro area volunteer directors.

Community resource development was maintained throughout the year, particularly during special times. At Christmas, many outside groups contributed gifts, gift wrap and treats, organized unit parties and generally made Christmas a happy time. The Salvation Army Band and Carollers went to each unit during the season, and Christmas parties were organized for special volunteer programs.

The Apparel Shoppe served 1,021 patients with 4,052 articles of clothing, 1,521 personal care items and 210 tobacco products.

A volunteer manual has been introduced to the Department, and volunteers find it a helpful tool in their orientation to the hospital.

Auxiliary

The Auxiliary has continued to provide financial and other valuable services to the patients of the Hospital.

Meetings were well attended on the first Tuesday of each month.

Donations were made to the Patients Library, the Christmas Gifts Fund and for patient personal care items.

The Auxiliary operates a hospital Gift Shop, where visitors can purshase gifts for loved ones, with the proceeds used to purchase items of comfort for our patients. Many volunteer hours make this possible and the efforts are truly appreciated.

The Auxiliary maintains membership in the Nova Scotia Association of Health Auxiliaries, which provides information and education to the membership in its voluntary endeavors.

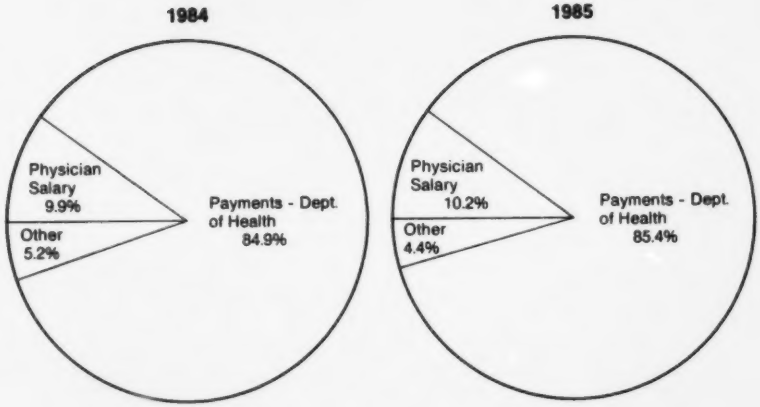
SELECTED STATISTICS

The following summarizes the year's activities, with comparison to the previous year:

	1984-85	1983-84
Number of patients in hospital at year end	360	364
Total admissions in year	1,962	2,157
Total number of certified observation (warrants, etc.) patients admitted	1,049	1,182
Total number of voluntary observation patients admitted	913	975
Average patient census	359	367
Average number of beds set up	405	412
Total patient days	130,950	134,262
Average length of stay	59	53
Out-patient visits	11,976	13,366
Radiology examinations	2,265	2,734
Electroencephalographs	1,184	1,063
Electrocardiograms	782	755
Pathology tests performed in hospital	25,625	24,895
Pathology tests referred out	18,705	17,630
Items dispensed by the Pharmacy	44,140	43,335
Drug orders filled for other agencies	7,987	7,839
Meals served (staff and patient)	329,469	520,182
Laundry processed (pounds)	3.3 million	3.29 million

Hospital Recoveries
For the Years Ending March 31, 1984 and 1985

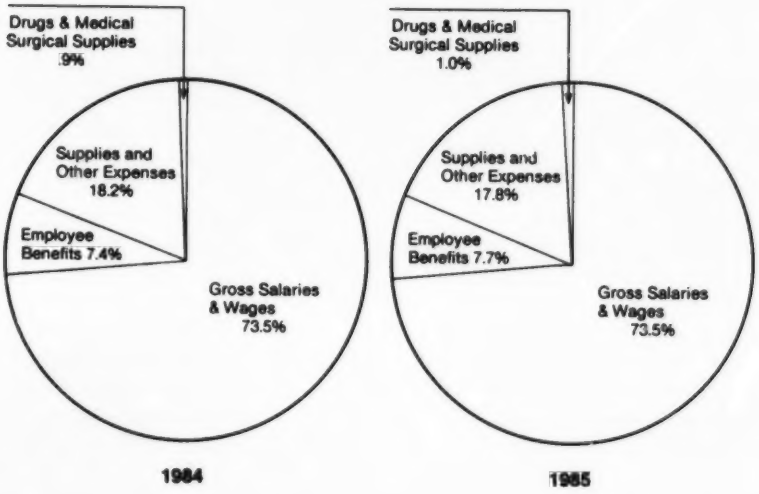
Percentage Distribution of Revenue
By Type of Recovery



	1984	1985
Other		
Uninsured Patients Days	.3%	.2%
Meal Recoveries	1.6%	1.5%
Room Recoveries	.4%	.4%
Steam	1.2%	1.0%
Services to Central Laundry	.9%	1.3%
Metro Drug Dependency	.8%	.7%
Net Ancillary Operations	(.2%)	(.8%)
Other	.2%	.1%
	5.2%	4.4%

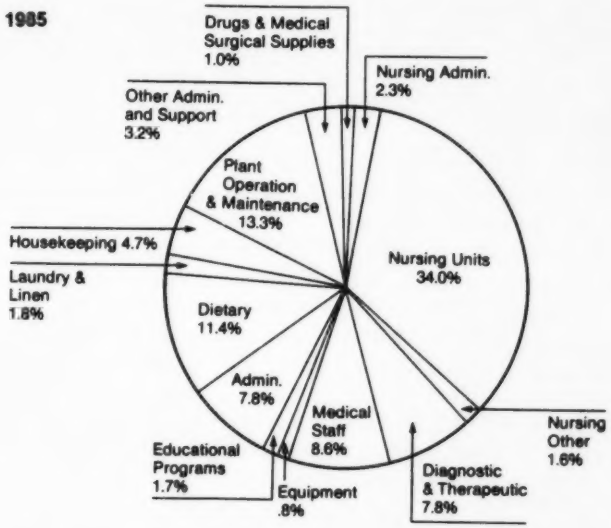
Hospital Expenditures
For the Years Ending March 31, 1984 and 1985

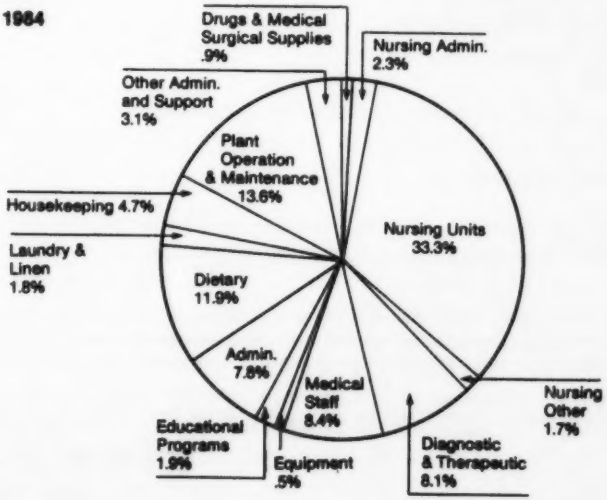
Percentage Distribution of Costs
By Type of Expenses


Drugs & Medical Surgical Supplies .9%
Supplies and Other Expenses 18.2%
Employee Benefits 7.4%
Gross Salaries & Wages 73.5%
1984
Drugs & Medical Surgical Supplies 1.0%
Supplies and Other Expenses 17.8%
Employee Benefits 7.7%
Gross Salaries & Wages 73.5%
1985

Hospital Expenditures
For the Years Ending March 31, 1984 and 1985

Percentage Distribution of Costs
By Service





Hospital Per Diem Cost
for the year ended March 31, 1985

	1985	1984
EXPENSES		
Total operating expenses per HS-2	$36,611,320	$33,286,380
Department of Government Services		
Insurance	29,700	28,844
Maintenance	102,664	242,280
	132,364	271,124
Increase (decrease) in allowance for doubtful accounts	(60,395)	(2,613)
	36,683,289	33,554,891
REVENUES		
Psychiatric Clinic - Service charge	831	1,134
- Drug recoveries	9,502	12,276
Rentals	980	925
Laundry - Regular billings	1,593,202	1,504,513
- Central laundry services	308,817	282,826
Meals - Affiliates	8,263	11,164
- Cafeteria	180,066	168,315
- Courtesy	38,026	36,650
Rooms - Affiliates	2,755	2,975
- Staff and others	52,938	45,669
- Vocational students	49,452	43,751
Occupational therapy	2,373	3,336
Metro Drug Dependency Commission	304,527	318,373
Drug Sales - Clinics, hospitals and homes	10,909,130	9,303,168
- Service charges on drug sales	107,413	101,631
Nursing salaries	383	43
Sale of steam	239,754	260,849
Student tuition fees	6,000	8,000
Other	26,748	19,104
	13,841,160	12,124,702
NET OPERATING EXPENSES	$22,842,129	$21,430,189
PATIENT DAYS	130,950	134,262
PER DIEM COST	$ 174	$ 159

I have examined the statement of per diem cost of the Nova Scotia Hospital for the year ended March 31, 1985. My examination included a general review of the accounting procedures and such tests of accounting records and other supporting evidence as I considered necessary in the circumstances.

In my opinion, this statement presents fairly the per diem cost of the Hospital for the year ended March 31, 1985.

O.P. Cormier

Halifax, Nova Scotia
September 30, 1985

O.P. Cormier, F.C.A.
Auditor General

REPORT OF THE MEDICAL DIRECTOR

A number of developments have occurred in the clinical programs and services during this period and these will be highlighted before dealing with the main body of the report.

1. In another year of financial constraints, no new major treatment programs were initiated. However, a number of treatment programs have been reviewed and refined while others have undergone modest expansion.

2. The number of in-patient admissions was 1,962, slightly below that of the previous year. The severe overcrowding experienced, especially on the Adult General Psychiatric Units, eased somewhat even though many units still operated at well over 100% capacity. The opening of 60 beds in the Abbie Lane Memorial Section of Camp Hill Hospital in July, 1984, permitted a number of Halifax residents to enter that facility instead of coming to this hospital.

3. The average length of stay for the Adult General Psychiatric Units rose to 53 days. This is a reflection of a further increase in the proportion of extended care patients being referred to this hospital.

4. Although the Day Hospital continues to function at full capacity, the actual number of patients during the year dropped slightly. Patients have tended to stay longer than the usual six weeks because there are more patients with complex psychiatric and situational problems.

5. The Day Care Program continues to provide a valuable service. Plans are underway to reorganize it from its present form to make it more effective.

6. The Dartmouth Mental Health Centre and Community Mental Health Satellite Clinics have shown increased utilization, with a 30% increase in new referrals.

7. Major overcrowding occurred on the Forensic Unit for the second year in a row. Our present unit is not large enough to accommodate the rising demands from the courts for service. As yet there have been no changes to allow out-patient remand assessments, which, if in place, would ease the overcrowding.

8. Plans for the 100-bed extended care unit are complete, but the date to commence building has not yet been decided by the Department of Health.

9. Through negotiations with the Commission on Drug Dependency, two beds have been made available in their detoxification unit for the rapid transfer of patients from this hospital or for those seeking admission here who would more appropriately receive treatment from the Commission. This has been a useful arrangement and may be the solution to the problem of dealing with the non-compliant alcoholic mentioned in my earlier report.

10. The further expansion of the Psychogeriatric Program to include domiciliary visits in the city of Dartmouth, as well as consultation services to homes for the aged and nursing homes, has reduced the number of referrals from those sources. Despite these measures, the current in-patient unit of 28 beds is not sufficient to cope with the increasing elderly population, and additional beds will have to be found for the service in the coming year.

11. The recruitment of psychiatrists continues to be a problem. A number of positions remain vacant due to the Canada-wide shortage of psychiatrists and restrictive immigration regulations.

12. This hospital has made internal rearrangements to comply with the terms of the Young Offenders Act.

13. The clinical services for the unit for mentally retarded adults has been severely hampered by the lack of community resources for patients ready for discharge. More group home beds are urgently needed.

14. During the past year, the complement of psychiatrists has been increased by two full-time positions, which is the first step in a five-year program to bring our complement to more acceptable levels.

Psychiatric treatments and programs have kept pace with advancements in the field, with increasing emphasis on providing out-patient services.

A Continuing Education Program, coordinated by the Staff Development Department, has been expanding and now includes programs for all professional staff, using guest lecturers both from the metropolitan area and other academic centres.

As of March 31, 1985, the medical staff consisted of 17 full-time and two part-time psychiatrists and six general practitioners. One of these psychiatrists was on a one-year sabbatical leave. Other part-time staff consisted of 18 consultants covering all the major specialties and three part-time dentists. An overseas psychiatrist was recruited under the program entitled, "Fellowships in Psychiatry from Great Britain and Ireland", sponsored by the Psychiatric Mental Health Division of the Department of Health.

Dr. P. Flynn, of Dalhousie University's Department of Psychiatry, continues to provide one session per week in a teaching and consultative capacity. His services have been a major asset in providing a very active Continuing Medical Education Program.

Many members of the medical and psychiatric staff participated in teaching programs. Medical students, interns and residents in psychiatry and family medicine are trained in the field of psychiatry by the staff of this hospital. A wide variety of clinical material makes this hospital a unique training centre for such groups, as well as undergraduate student nurses from many hospitals of this province, clergymen, law students, university nursing students and certified nursing assistants from the Dartmouth Vocational School.

To keep pace with new developments in professional fields, a number of our staff have attended special courses given by the local universities and at other centres of teaching in more distant areas.

The medical staff continues to meet regularly to discuss Hospital matters and advise on planning and treatment programs. Clinical conferences and grand rounds are held each week to review cases in a multidisciplinary setting. Weekly meetings to review journals and new books are also carried out by all professionals as a means of keeping abreast of developments in mental health care.

Seven members of our psychiatric staff hold appointments at the Dartmouth General Hospital and provide a major portion of psychiatric coverage at that hospital. The facilities of the Dartmouth Mental Health Centre and out-patient services are also used for that purpose.

Eleven members of our medical staff hold cross appointments in the Dalhousie University Department of Psychiatry and actively participate in teaching both in the undergraduate and postgraduate programs.

Community Services

Statistics

The number of new patients seen by the clinic system grew dramatically during the year, with approximately a 30% increase in new patients at the Sackville and Dartmouth Mental Health Centre clinics.

There was a marked decrease in patients seen from outside our sector, mainly reflecting the expansion of services at Camp Hill Hospital.

The marked drop in patient contacts for all clinics reflects the 30% increase in new assessments and the absence of two senior staff members due to illness for most of the year. This also reflects a conscious effort to ration patient time in as efficient a manner as possible.

It is interesting that the number of psychiatric patients being treated as inpatients at the Twin Oaks and Eastern Shore Memorial Hospitals has increased, reflecting the increased confidence of general physicians in treating psychiatric patients locally and back-up services available from the clinic system. This has resulted in fewer patients from these areas being admitted to the Nova Scotia Hospital.

Staffing

Two senior staff members, Dr. D.L. Stacey and Ellie Shortt, R.N., were absent for most of the year due to major illnesses. The Nursing Department gave this department the services of Shirley Siteman, R.N., which was much appreciated. Her enthusiasm and efficiency did much to help overcome the absence of a senior staff member.

During the year, Dr. Manbir Singh joined the service half-time, and in January, 1985, Dr. Mirian Cussen joined the psychiatric staff full-time for a one-year period (overseas registrar).

Community Services continue to rely on the secretarial services of Susan Richardson and Carole Snowden, both of whom continue to struggle with ringing phones, keeping track of far-flung staff and keeping medical records up-to-date. They are major factors in establishing the general atmosphere of the waiting room and many patients' first introduction to Mental Health Services. The secretaries are overloaded with the pressures of these responsibilities, and an increase in secretarial services is needed.

Students

Family Practice residents from Dalhousie Medical School continue to attend a one-month psychiatric rotation at the Clinic, and R.N. postgraduate students were affiliated with the Clinic.

Programs

There was a marked reduction in the number of public programs, such as seminars for teachers and students, public lectures, etc., during the year, due to staffing pressures. However, Paula Vickers, M.S.W., continues to organize the Wednesday afternoon Coffee House for chronic patients, which remains a major therapeutic resource for this group of patients.

During the year, policies and procedures relevant to clinic practice were reviewed and compiled into a *Clinic Policies and Procedures Manual.*

Clinics	New Registration	Patient Contacts
Nova Scotia Hospital (patients seen in General Adult Services as out-patients)	138	1,079
Clinic 1 - Sheet Harbour	34	121
Clinic 2 - Sackville	138	1,399
Clinic 3 - Musquodoboit Harbour	81	617
Clinic 5 - Dartmouth Mental Health Centre — Sector	420	6,297
Clinic 7 - Dartmouth Mental Health Centre — Non-sector	61	529

Day Hospital

From April 1, 1984, to March 31, 1985, a total of 128 referrals were made to the Day Hospital. Out of these, 71 were admitted to the program, 21 were assessed and accepted but refused to come, 6 could not be contacted to come for pre-assessment, 16 were inappropriate, 12 were referred elsewhere and 2 were assessed, accepted and placed on a waiting list.

Of the 71 admissions, 21 were experiencing their first course of psychiatric treatment. Approximately 30 of these admissions would have required in-patient care if the service had not been available and 19 would have required a lengthier in-patient admission.

Those referrals that were inappropriate or referred elsewhere consisted largely of that group of individuals who would benefit from a less group-oriented, more task-oriented program of six months to one year in duration.

This year has been different in regard to the patient population in that throughout the year, including the summer months, the Day Hospital was able to maintain a full census and a waiting list of from 2-10 prospective patients.

Staffing

Dr. Manbir Singh became Psychiatrist/Director of the Day Hospital on August 1, 1984. Margaret Fraser, occupational therapist, left the Day Hospital on January 28, 1985, to take a supervisory position in the Occupational Therapy Department within the Hospital. As there were no other occupational therapists available at this time, Jane Craig, M.S.W. joined the team on a part-time basis to fill the gap until March 31. Fortunately, a graduate of this year's R.N. postgraduate course (Isobel Holden) will be joining us as a casual staff member until an occupational therapist is recruited.

Program Changes

During the year, a number of improvements were made to the treatment program, one of which was the addition of a process group and several activity programs, including one based in the community.

Other Activities

Clinical experience was again provided for registered nurses enrolled in the Post-Graduate Psychiatric Nursing course. Each student spent a two-week period with the Day Hospital from November, 1984, to February, 1985.

All team members attended the first meeting of representatives from all Day Treatment Programs in Nova Scotia, held in Kentville on October 26, 1984. This was found to be a useful experience, and staff were left with a good many ideas and suggestions that will enable them to make changes in the program to increase its efficacy. It is planned that the staff from the various Day Treatment Programs will be able to meet on a regular basis to share informa-

tion and give support to each other. Plans are underway for the next meeting in May, 1985, to be hosted by this hospital.

Children's Services

As with last year, the statistics for three years are presented for comparison. There have been no changes in admission policy and any that are seen are due to changes in cases referred.

Age on Admission	1984-5	1983-4	1982-3
5 years	-	1	0
6	1	2	2
7	2	5	6
8	-	5	2
9	2	0	0
10	6	2	2
11	3	5	3
12	4	7	3
13	12	7	4
14	3	0	3
MEAN AGE	11.3	10.6	10.6
STANDARD DEVIATION	2.1	2.8	2.6

The mean age has increased, but two different age groups with peaks at ages of 10 and 13 years may be seen, and this has again fit well into the two different programs on two separate wings.

Address	1984-5		1983-4		1982-3		TOTALS	
	Ass.	Adm.	Ass.	Adm.	Ass.	Adm.	Ass.	Adm.
Dartmouth	14	12	15	12	13	12	42	36
Halifax	7	8	7	6	5	6	19	20
Halifax County	5	4	5	4	2	2	12	10
METRO SUBTOTAL	26	24	27	22	20	20	73	66

Address	1984-5		1983-4		1982-3		TOTALS	
	Ass.	Adm.	Ass.	Adm.	Ass.	Adm.	Ass.	Adm.
Annapolis Co.	1	1	-	-	-	-	1	1
Antigonish Co.	-	-	2	1	1	1	3	2
Cape Breton	-	2	4	3	2	1	6	6
Colchester Co.	3	3	3	2	2	-	8	5
Cumberland Co.	-	-	2	2	1	1	3	3
Hants Co.	1	1	2	1	1	1	4	3
Kings Co.	-	-	2	1	-	-	2	1
Lunenburg Co.	2	-	-	-	3	1	5	1
Pictou Co.	2	2	-	-	-	-	2	2
Shelburne Co.	-	-	1	-	-	-	1	-
OUTSIDE METRO	9	9	16	10	10	5	35	24
TOTALS	35	33	43	32	30	25	108	90

There appears to be a steady trend toward more referrals from the Metro area and fewer from outside. The totals show cases from most parts of the province in the period reviewed, and it is expected that with improved children's services in these areas case-finding will lead to more referrals. This should follow the hoped-for implementation of the Barkow Report.

Length of Stay

	1984-5	1983-4	1982-3
Days	193	230	259
Standard Deviation	118	193	273

This continued to be shortened with more effective use of community resources and earlier pre-discharge planning.

Diagnosis	1984-5	1983-4	1982-3
Conduct Disorder	21	19	13
Adjustment Disorder	5	8	4
Attention Deficit	3	5	5
Separation Anxiety Disorder (School Refusal)	2	1	2
Oppositional Disorder	2	-	-
Overanxious Disorder	-	1	1
TOTAL	33	34	25

The diagnoses reflect the high incidence of social pathology in our patients' families. Single parents or broken families are the rule and contribute largely to the reasons for the children's difficulties. This has placed a greater burden on the unit social worker than ever before.

Community Services

Unit staff have continued to maintain a good liaison with those agencies involved in making referrals and providing after-care. Workers from outside agencies attend case conferences concerning children for whom they have some responsibility. Unit staff have made several home visits to help parents make better use of the improved parenting skills they learn here. This extension of service has proved a very worthwhile addition. The Director has been involved in the Metropolitan Mental Health Planning Board Sub-Committee on Children's and Adolescent Services.

Adolescent Services

We have continued to update and improve the programs on the Adolescent Unit in the last year to suit the needs of adolescents being treated on the Princess Alexandra Unit. Assessments and admissions number about the same as last year. The average length of stay also remained the same. We have worked closely with the Atlantic Child Guidance Clinics of Halifax and Dartmouth and also with the I.W.K. Hospital for Children. Referrals have come from psychiatrists, psychologists, schools, courts, mental health clinics, the Children's Aid Society, Family and Children's Services, family physicians and individual families, group homes, etc.

Again, a substantial number of patients suffered from conduct disorders. It has been our experience that the more conduct disordered youths we have, the more difficult it becomes to carry out an effective program on this unit.

Program

Our approach continues to be multidisciplinary. Patients are assessed prior to admission by the psychiatrist and social worker. Once admitted, three days are given to each team member to find out as much as possible about the patient. Intake conferences are then held. Problem lists are completed and treatment plans developed. After 4 weeks, patients are again conferenced to review progress and make major changes in the treatment plan. Minor changes occur more frequently.

In these conferences, representatives (and/or parents) from the agency who referred the patient are invited to attend. This has been found to be tremendously helpful to all disciplines and makes planning much more organized.

Regular assessments of referred patients are done twice a week. Those patients who are admitted to Adult General Services (16 and over) during weekends and evenings are examined by the Director in their units the next working day and those suitable for the program are transferred as soon as a bed is available for them on the unit.

A privilege system was updated and modified by a small committee of team members. More recently, representatives from the patients were taken onto the committee to consider their input.

With the help of the Recreation Department, a social activity group was formed in which patients are encouraged to take an active role in planning the social activities. A committee has been formed to see whether more activities could be planned for youths after work hours. This is essential as it has been found that most of the acting-out behaviour is evident in youths when they have lots of time on their hands.

Teen night continues to be held every Tuesday evening under the direction of occupational and recreational staff.

Picnics, outings, camping excursions, etc. were provided to the adolescent population to make them feel in a more homelike/community atmosphere and make them learn socially acceptable behaviours in different surroundings.

A behaviour modification program based on positive reinforcement of earning privileges continued to be an important treatment tool for conduct disorders.

Group therapies were conducted by nursing staff, the occupational therapist, the social workers and a psychologist. Terms of reference have been updated for these groups, which included a work/leisure group, life planning group, adolescent relationship group and supper group, drug group, social activity group and an open discussion group.

Family therapy was mainly provided by the social workers and, in a few cases, by the psychologist.

Appropriate patients were sent out of the hospital to benefit from drug information groups for teenagers provided by the Commission on Drug Dependency.

Education

A large number of the adolescent population attended school at the Marshall Treatment Centre. Special individualized programs were designed for them. Hospital school attendance is mandatory for those below the age of 16 years. The head teacher coordinated the school program and was involved in consultation with those from outside schools. An additional teacher is required for the adolescent program now that the unit is at full capacity.

Out-patient clinics are held every Friday afternoon.

Statistics

Patients assessed from the community	92
Patients assessed from adult units	47
TOTAL ASSESSMENTS	139
Admissions to the Princess Alexandra Unit (including 30 patients transferred from adult units)	134
Day Care	11
	145
Out-patient visits	137
Average length of stay — 90 days	

Psychogeriatric Service

In-Patient Services

During this period, 120 patients were admitted to the Psychogeriatric Service and 118 patients were discharged. Data on discharged patients is as follows:

1. Admission and Discharge Placement:

Admitted from:			**Discharged to:**	
	No.	**%**	**No.**	**%**
Home (own or relatives)	43	36.5	25	21
Home for Special Care	43	36.5	58	49
Residential Care Facility	2	1.7	7	5.9
Adult Residential Centre	5	4.2	0	0
Community Care Facility	0	0	1	0.9
Regional Rehabilitation Centre	2	1.7	19	16
Hospital	20	16.9	2	1.7
Domiciliary Care Unit, Camp Hill	1	0.9	1	0.9
Detox	1	0.9	1	0.9
Unlicenced Facility	0	0	1	0.9
Died	-	-	5	4.2

2. Age and Sex:

	No.	**%**	**Age Range**	**Mean Age**
Male	52	44	51-94	74.1 years
Female	66	56	60-93	74.7 years
Total	118			

3. Residence:	**No.**	**% of total**
Metro	44	37
Outside Metro	74	63

4. Reason for Initial Referral:	**No.**	**% of total**
Aggression	46	38
Wandering	10	9
Not eating	13	11
Paranoid delusions	6	5
Suicidal threats	2	1.7
Unable to care for self	8	6.8
Deluded depression	9	7.6
Agitation	16	13.6

	No.	% of total
Visual hallucinations	1	0.9
Assessment only	3	2.5
Noisy	3	2.5
Drug abuse	1	0.9

5. Associated Medical Problems:

	No.	
Cardiovascular	28	
Neurological	34	
Endocrine	30	
Bones and joints	18	
Respiratory	22	
Genitourinary	17	
Blood disorders	19	
E.E.N.T.	34	
Skin	9	
Gastro-intestinal	20	
Peripheral oedema	14	
Severe dental caries	4	
Total	249	(118 patients)

More than 75% of patients had at least one medical condition requiring intervention. More than 45% had multi-system disease.

6. Level of Nursing Care:

			Discharge	
Admission	No.	%	No.	%
Total (non-ambulatory)*	36	30.5	28	23.7
Total (ambulatory)	38	32	17	14.4
Supervision**	37	31.4	28	23.7
Supervision (non-ambul.)	4	3.4	13	11
Minimal supervision	3	2.5	32	27.1

* Total care = needing to be fed, bathed, washed, dressed and being incontinent.

** Supervision = needing considerable assistance with basic activities of daily living

7. Psychiatric Diagnosis:

	No.	%
a) **Organic mental disorders:**		
1° degenerative dementia, senile		
Simple	19	16.1
Paranoid	2	1.7
Depressed	1	0.8
With delirium	3	2.5
1° degenerative dementia, presenile	10	8.5
Multi-infarct dementia	9	7.6
Mixed Primary/multi-infarct	2	1.7
	46	38.9
Alcoholic amnestic syndrome	4	3.4
Alcoholic dementia	6	5.1
Alcoholic idiosyncratix intox.	1	0.8
	11	9.3
Delirium due to medical disorders	8	6.8
Dementias due to other conditions	11	9.3
Organic personality syndrome	5	4.3
Sub-total Section (a)	81	68.6
b) **Substance use disorders:**		
Alcohol Abuse (continued at admission)	4	3.4
c) **Schizophrenic disorders:**		
Paranoid	1	0.8
Catatonic	1	0.8
Undifferentiated	2	1.7
d) **Paranoid and other disorders:**		
Paranoia	1	0.8
Acute paranoid disorder	1	0.8
Schizo-affective disorder	1	0.8
e) **Affective disorders:**		
Bipolar		
Mixed	1	0.8
Depressed	2	1.7
Manic	1	0.8

		No.	%
	Major depression		
	Single	9	7.6
	Recurrent	16	13.5
	Dysthmic disorders	3	2.5
	Atypical depression	5	4.2
	Total	37	31.1
f)	**Anxiety disorders:**		
	Panic disorder	2	1.7
	Generalized anxiety disorder	2	1.7
g)	**Adjustment disorder:**		
	Depressed	5	4.2
	Conduct	2	1.7
h)	**No psychiatric disorder:**	2	1.7
i)	**Personality disorder:**	2	1.7
	GRAND TOTAL:	201	(118 patients)

Several patients had more than one psychiatric disorder (e.g., dementia plus major depression).

COMMENTS

(i) The high degree of dependency for care (even basic) is reflected under Number 5, highlighting the continued need for a high-quality, well-staffed nursing team.

(ii) However, the results of intervention (number 5) also reinforce the fact that the Unit acts as an *acute care* facility. The relatively long length of stay of psychogeriatric patients is related to (a) prolonged wait for placement; and (b) a handful of very behaviourally disturbed demented patients who respond poorly or slowly to accepted intervention methods.

(iii) The increase in the proportion of patients referred from outside the metro area is difficult to explain unless it is due to the fact that development of local domiciliary services has freed up beds for use by patients who, because of distance, cannot be visited at home.

Out-Patient Services

During the period, 91 new out-patients were assessed. Data on these patients is as follows:

1. Placement of Assessment:

	No.	%
Home for Special Care	59	65
Home	22	24
Dartmouth General Hospital	4	4.4
Nova Scotia Hospital	6	6.6

2. Age and Sex:

	No.	% of Total	Range	Mean Age
Male	33	36	32-93	74.3
Female	58	64	44-93	75.4
Total	91		32-93	74.9

3. Disposition:

	No.	
Admitted	5	(2 were readmissions)
Still followed up	57	

In addition, 13 patients from previous years are still followed up regularly. Six patients were seen as follow-up after discharge from the in-patient services (of the 91 new patients).

4. Psychiatric Diagnosis:

	No.	%
a) **Organic mental disorders:**		
1° degenerative dementia, senile		
Simple	17	18.7
Paranoid	1	1.1
With delirium	2	2.2
Multi-infarct dementia	6	6.6
Dementia due to other causes	10	11
Delirium	4	4.3
Alcohol amnestic syndrome	3	3.2
Organic personality syndrome	3	3.2
Organic affective syndrome	4	4.3
Organic brain syndrome (unspec.)	1	1.1
Total	51	56.0

b)	**Affective disorder:**		
	Bipolar — mixed	2	2.2
	Bipolar — hypomania	2	2.2
	Major depression (single)	8	8.7
	Major depression (recurrent)	4	4.3
	Dysthymic disorder	1	1.1
c)	**Schizophrenic disorder:**		
	Paranoid	2	2.2
	Residual	1	1.1
d)	**Paranoid disorder:**		
	Atypical	2	2.2
e)	**Somatization disorder**	1	1.1
f)	**Adjustment disorder** — depressed	9	9.9
g)	**Personality disorder** (paranoid)	1	1.1
h)	**No psychiatric disorder**	8	8.8
	GRAND TOTAL	92	

One patient had 2 psychiatric disorders.

COMMENTS:

(i) This year saw the establishment of a true domiciliary assessment service for the city of Dartmouth.

(ii) The number of patients referred for out-patient consultation has increased by almost 80% from last year, and the number of out-patients on the case load increases almost daily (currently 70).

(iii) Growing awareness of the psychiatric needs of the elderly can be projected to produce a dramatic increase in service demands in the next few years. Domiciliary consultation has definitely reduced the demand and the need for in-patient services.

(iv) There is a growing need for a well coordinated fully comprehensive psychogeriatric service.

Other Activities

1. Numerous calls for advice in management placement are received almost daily by members of the team.

2. The psychiatrist, as Chairman of the Geriatric Services Committee of the Metropolitan Mental Health Planning Board, was instrumental in organizing a province-wide conference held in May, 1984, to develop comprehensive health plans for our aging population. Recommendations of this conference and subsequent workshop are about to be sent to the Board.

3. The psychiatrist continues as a board member of the local Alzheimer Society and frequently addresses meetings of this support organization.

4. In addition, the psychiatrist has held workshops for primary care staff at Nursing Homes on the South Shore and in the Metro area and has addressed the Northwood Home Care Support Group.

5. Educational activities were enhanced by lectures delivered by Drs. Gray and Fox from Camp Hill Hospital as well as by our own in-house educational sessions.

6. More extensive liaison with other psychogeriatricians and geriatricians in the area is being developed.

7. Data from our research project continues to be analyzed.

8. There continues to be an enormous need for expanded occupational and recreational therapy and other resources to effectively manage the service.

9. Teaching of residents in psychiatry has been an ongoing commitment throughout the year.

Forensic Service

This unit continues to provide a comprehensive range of Forensic Services for the Province of Nova Scotia.

Statistical Data regarding Admissions

There were a total of 119 admissions to the Forensic Unit from April 1, 1984 to March 31, 1985.

1. Remands:

   These totalled 106: 92 were found fit to stand their trials and 12 were found to be unfit.

2. Lieutenant-Governor's Warrants:

   There were six new Lieutenant-Governor's Warrants admitted during this period. Five were found not guilty by reason of insanity and one not fit to stand his trial. During this period, two Lieutenant-Governor's Warrants were lifted. They were transferred elsewhere, one to the H.A. Hiltz Memorial Hospital, Kings County, and the other two to the Cape Breton Hospital. Two were transferred to open units in the hospital for continued treatment.

   On March 31, 1985, there were eight Lieutenant Governor's Warrants on the Forensic Unit.

3. Commissioner of Penitentiaries' Warrants:

   There were three in this category and all were returned to the penitentiary.

4. Voluntary Admissions:

   There were two in this period and one is still on the unit.

5. Inter-ward Transfers:

   There were no inter-ward transfers.

6. Absence Without Leave:

   Three individuals absconded during the year in two separate incidents. Two were returned to the unit subsequently, and one was kept within the penitentiary system. This was a unique situation and indicates the need for more screening of referrals as the Forensic Unit can provide only limited security.

7. Out-of-Province Transfers:

   There were no admissions under this category.

8. Patients reverted to civil status:

   There were 10 such patients. Two are still formal and two were transferred to adult general units. Three were made formal and later found fit to stand trial. Two had their charges dropped. One was transferred to the care of his family in Alberta via the Court.

9. Incapable of Consenting to Treatment:

   Fifteen were found incompetent, three of whom were underage.

10. Unit Occupancy Rate:

    The average occupancy rate over the year was 105.6%.

Therapeutic Programs

The following are the regular unit activities. There are two patient/staff meetings per week and two social skills groups per week. There is an exercise group daily. A fire drill is organized by the unit once monthly, plus those arranged by the Fire Safety Officer. There is one nursing team conference per shift and two multidisciplinary team meetings per week.

The Unit receives cooperation from the Recreational and Occupational Therapy Departments, and there is a need for additional occupational therapy services to the Forensic Unit. Vocational Services have provided slots for several of our patients, which has been extremely helpful.

Staff Development and In-service Educational Programs

Regular in-service seminars have remained suspended because of the service workload, which resulted not only from excessive numbers but from the various problems that arose during the year. Members of the nursing and other staffs attended continuing educational activities in their respective fields.

Educational and Consultation Services to the Community and Institutions

The report of suicides in Atlantic prisons, launched by the Correctional Service of Canada, has been published. One of those who took part was Dr. S.N. Akhtar. Several members of the staff were actively involved in the Dartmouth Branch of the Registered Nurses' Association of Nova Scotia.

Student groups from various educational institutions in Nova Scotia took part in the nursing in-service training program. These included postgraduate R.N.s, C.N.A.s and divinity students from Acadia University.

Adult General Services

The eight Adult General Psychiatric Units, with a total of 234 beds, continued to operate at well above 100% capacity for another year, straining the reserves of staff and interfering with the provision of a high level of patient care.

During the latter part of 1984, the Abbie J. Lane Memorial Section of Camp Hill Hospital and the Cape Breton Hospital began taking responsibilitied for their catchment areas, easing the overcrowding somewhat.

During the year, a proposal was discussed for establishing a rehabilitation unit for the longer stay patients, as well as those who respond slowly to treatment. Hopefully, this proposal will be accepted and given a place of priority in the five-year plan for the hospital.

The readmission rate remains a problem for the population of patients who are older now and finding difficulty coping in the community. The further development of community resources is necessary to maintain such persons more effectively in the community.

The shortage of certain professional staff, especially occupational therapists, has raised problems in the overall treatment of patients.

Conferences, lectures, training sessions, patient rounds and treatment team meetings are held on a regular basis to help staff with professional care of patients and education. A system of regular psychiatric consultations has been helpful in dealing with complex clinical problems.

The rotation of residents in psychiatry and family practice, of interns and of undergraduate medical students has still proven to be a valuable experience, both for the students as well as for the patients.

The therapeutic programs have been further refined, giving special emphasis to group therapies, early discharge, better utilization of community services and after-care programs. A number of in-patients were referred to the Day Hospital and for Day Care Programs as an intermediate level of care prior to returning full time to the community.

Services for the Mentally Retarded

This program has been further developed and is more closely integrated with related services throughout the province.

During the past year, there was one admission and one discharge. Both numbers remain low because of the extreme shortage of beds for community placement (group homes). In an effort to accommodate the many requests for admission, our treatment team has gone to different parts of the province to carry out consultation services and advise these facilities regarding care and management. Four such assessments were carried out and, in all instances, benefits were derived and admissions avoided. Limited day care was also provided for one patient.

We are grateful for the regular and valuable assistance received from both the Hospital's volunteers and the Canadian Association for the Mentally Retarded, who provide assistance in the school program, work activities, opportunities for bowling and other recreational activities, as well as donating gifts and money.

Department of General Medicine and Specialties other than Psychiatry

The general medical care of patients in the Nova Scotia Hospital is provided by six full-time physicians. In addition, 14 specialists provide consultation services on request.

During the past year, a review of treatment programs and regimes was carried out and updated. Further additions were made to our emergency equipment. The general practice staff provided service to a 12-bed Infirmary Unit, where 189 patients were treated during an average length of stay of 11 days.

The following examinations were carried out by the consultants:

General Surgery	194
Internal Medicine	100
E.N.T.	45
Gynaecology	52
Ophthalmology	167
Neurology	109
Urology	19

Admitting Department

This fiscal period has been a busy one, with a total of 1,962 in-patient admissions.

Admission Statistical Data

Year	Voluntary Patients	Certified Patients	Remand and Warrants
1981-82	1,015	1,044	120
1982-83	853	1,159	119
1983-84	961	1,089	117
1984-85	914	896	128

The statistics show a reduction in the number of certified patients. This is undoubtedly due to the easing both of bed shortages and of the practice of referring physicians who have the tendency to certify patients to increase their priority for admission.

The screening program instituted last year found alternate placement and care for 160 patients.

Emergency admissions are made at all times and, despite overcrowding, most elective patients were admitted within one to five days. Screening in doubtful cases was carried out with the assistance of the Dartmouth Mental Health Centre and the in-patient treatment teams.

Renovations to the Admitting Department completed during the past year have improved the efficiency of the department, as well as provided a more pleasant atmosphere and more space for patients.

Occupational Health Department

This department has served an increasing number of staff members, not only in preventive services but in therapeutic measures. Pre-employment examinations and periodic re-examinations have been carried out on staff members employed in critical areas of the hospital.

Treatment of illnesses and accidents on duty was provided with appropriate referrals to family physicians and consultants. Promotional programs and displays, health education and participation in the orientation program were noted.

Statistical Data

Visits to the Occupational Health Dept.	2,099
Medical services provided	647
Medical investigations	668
Immunizations	268
Tuberculosis testing	243
Referrals to Employee Assistant Program	105
Injuries treated	325

Dental Services

Three part-time dentists employed 7 sessions per week, 1 full-time dental assistant and one full-time dental hygienist comprise the staff of this department.

Statistical Data

Dental services	1,218
Dental hygienist services	1,217

These services include surgical and restorative procedures, endodontics, prosthodontics and periodontics. In addition, a preventive program in dental education was carried out primarily on the Children's and Adolescent Services.

Diagnostic Services

X-Ray Department

During this interval, 2,265 examinations were carried out for a total of 8,340 radiological units and 5,683 technical units.

The staff complement of this Department consists of one part-time radiologist and two part-time registered technicians. During the year, routine staff X-rays were discontinued on the advice of the Department of Health.

Electroencephalograph Department

During this period, two part-time technicians carried out 1,184 examinations, 419 of which were for out-patients. Services to the Dartmouth General Hospital have shown a slight increase and contribute to the work of the E.E.G. Department.

Electrocardiograph Department

Electrocardiographs numbered 782, 47 of which were for out-patients.

Laboratory

The staff of this department consists of one full-time and one half-time technician, as well as one full-time assistant. The total number of tests carried out during the past year was 25,625. Tests numbering 18,705 were referred out.